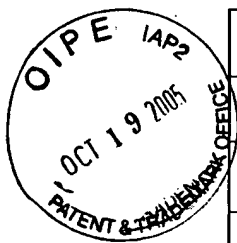
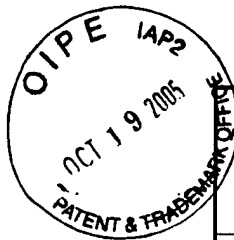


10-21-05

1P2123
1P1

| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 50964(70329) | |
|---|---|---|-----------------------------------|--------------------------------|----------|
| Application No. 10/035,996 | Filing Date November 9, 2001 | Examiner R. L. Guill | | Art Unit 2123 | |
| Applicant(s): Peter Trefonas | | | | | |
| Invention: SYSTEM AND METHOD FOR CONFIGURING EQUIPMENT | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | | - 20 = | | x | |
| Independent Claims | | - 3 = | | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within third month | | | | | 1,020.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 1,020.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>1,020.00</u> . A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
| _____ Peter F. Corless Attorney Reg. No.: 33,860 EDWARDS & ANGELL, LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444 | | | | Dated: <u>October 19, 2005</u> | |
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV711318540US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | | | | | |
| Dated: October 19, 2005 | | Signature: (Peter F. Corless) | | | |



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|----------------------|--------------------------|------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2005 | | Application Number | 10/035,996 |
| | | Filing Date | November 9, 2001 |
| | | First Named Inventor | Peter Trefonas |
| | | Examiner Name | R. L. Guill |
| | | Art Unit | 2123 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | 50964(70329) |
| TOTAL AMOUNT OF PAYMENT | (\$) 1,020.00 | | |

| | |
|---|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: 04-1105 Deposit Account Name: Edwards & Angell, LLP |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|---------------------|---|----------------------|------------------------------|----------------------------------|------------------------------|------------------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | Fee (\$) | Small Entity Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | Multiple Dependent Claims | | |
| _____ - 20 = _____ | x _____ | = _____ | | | Fee (\$) | Fee Paid (\$) | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | |
| _____ - 3 = _____ | x _____ | = _____ | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | | |
| _____ - 100 = _____ | /50 | _____ (round up to a whole number) x | | = _____ | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | Fees Paid (\$) | |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month | | | | | | 1,020.00 | |

| | | | |
|---------------------|------------------|-----------------------------------|------------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 33,860 |
| Name (Print/Type) | Peter F. Corless | Telephone | (617) 439-4444 |
| | | Date | October 19, 2005 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV711318540US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 19, 2005

Signature: (Peter F. Corless)

FEE SUMMARY SHEET

Transmittal -- Amendment

Date: October 19, 2005
Time: 4:34 PM
Docket: 50964(70329)

Filing Date: November 9, 2001
Application No: 10/035,996
Total Fee: \$ 1,020.00

| Code | Amount | 37 CFR | Fee Description | Listed on |
|-------------|---------------|---------------|--|-----------------------------|
| 1253 | 1,020.00 | 1.17(a)(3) | Extension for response within third month | Fee Transmittal (PTO SB-17) |